

Certification of Outpatient Physical Therapy (OPT)/Other Rehabilitation Facility (ORF)/Outpatient Speech Pathology (OSP) requirements:

In order for clinics, rehabilitation agencies, and public health agencies to be eligible to participate as providers of OPT/OSP services, they must be in compliance with all applicable Medicare requirements, except the following: 42 CFR 485.709, Administrative Management, is not applicable to public health agencies, and 42 CFR 485.717, Rehabilitation Program, is not applicable to clinics or public health agencies.

Forms/ documents (to be completed and turned into Indiana State Department of Health):

1. Health Insurance Benefit Agreement (3 signed originals)
2. Office of Civil Rights (OCR) Clearance: Assurance of Compliance Form (HHS-690), Medicare Certification Civil Rights information Request form (HHS-441) (and applicable attachments) or evidence of Civil rights Corporate Agreement.
http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html
3. Request to Establish Eligibility CMS 1856
4. Model Letter Requesting Identification of Extension Sites CMS 381
5. Priority Exception Letter or Approval for Accreditation from AAAASF
6. Letter of approval of 855 form Fiscal Intermediary

855A

The 855A form must be completed and submitted to your Fiscal Intermediary. The Fiscal Intermediary must approve this form before a survey can be completed. Copies of the 855A application may be found at: <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855a.pdf>

The current Fiscal Intermediary for Indiana Part A providers effective 8/2012 is: Wisconsin Physician Services (WPS) Medicare <http://www.wpsmedicare.com/j8macparta/>

Survey Process:

During the course of the State survey, it verifies that the services that the provider proposes to offer are actually being provided. The State Agency (SA) evaluates the cumulative records of

services actually provided. Work schedules of personnel providing services will show utilization data for various services. Conditions of Participation for Outpatient Physical Therapy or Speech Pathology Services: http://cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_e_opt.pdf

Initial Surveys:

Effective November 5, 2007 the Centers for Medicare and Medicaid Services (CMS) instructed States to place a higher priority on recertification of existing providers, on complaint investigations, and on similar work for existing providers than for initial surveys of providers or suppliers newly seeking Medicare participation.

Providers may apply by letter to the State Agency (SA) for CMS consideration to grant an exception to the priority assignment of the initial survey if lack of Medicare certification would cause significant access-to-care problems for Medicare beneficiaries served by the provider or supplier.

There is no special form required to make a priority exception request. However, the burden is on the applicant to provide data and other evidence that effectively establishes the probability of adverse beneficiary health care access consequences if the provider is not enrolled to participate in Medicare. CMS will not endorse any request that fails to provide such evidence and fails to establish the special circumstances surrounding the provider's or supplier's request.

The second option is to seek accreditation through the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF). Effective April 22, 2011 CMS approved AAAASF for recognition as a national accreditation program for providers of outpatient physical therapy and speech-language pathology services seeking to participate in the Medicare or Medicaid programs. The contact information for the AAAASF is 5101 Washington Street, Suite 2F, P.O. Box 9500, Gurnee, IL 60031. 847-775-1970.

Whether the provider seeks accreditation or exception from CMS for an initial survey, documents must be completed and return them to the Indiana State Department of Health. If seeking accreditation, please forward your approval letter for accreditation from AAAASF with the paperwork, if seeking exception please include an exception letter and any documentation.

If the request is approved by CMS, the provider **must be operational and have available at least 3 patient records for review. Surveyors will inspect the agency, interview members of your staff, review documents, and undertake other procedures necessary to evaluate the extent to which your institution meets the Conditions of Participation.** If the institution has significant deficiencies in any of the Conditions, you will be informed and given an opportunity to correct them. Following the survey, this agency will recommend to the **CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)** whether your institution should participate. **CMS** will notify you of the effective date of certification if approved. For an initial outpatient rehabilitation facility the effective date can be no sooner than all requirements are found to be met. If all requirements are met on the date of the survey, the effective date of the provider agreement is the date the onsite survey is completed.

ENROLLMENT

IOM – “Medicare General Information, Eligibility, and Entitlement Manual,” Pub. 100-01, Chapter 5

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ge101c05.pdf>

Chapter 5, “Definitions,” includes the following sections:

- 10: Part A Provider and Related Definitions;
- 10.1: Provider Agreements;
- 10.3: Under Arrangements;
- 10.4: Term of Agreements; and
- 10.6.4: Determining Payment for Services Furnished After Termination of Provider Agreement.

IOM – “Medicare Program Integrity Manual,” Pub. 100-08, Chapter 15, Section 15.4.1.11

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c15.pdf>

Chapter 15, “Medicare Enrollment,” includes Section 15.4.1.11, “Outpatient Physical Therapy and Speech Language Pathology (OPT/SLP),” which provides information on OPT/ORF/OSP enrollment in the Medicare Program.

ACCREDITATION STANDARDS/SURVEY & CERTIFICATION

IOM – “State Operations Manual,” Pub. 100-07, Chapter 2

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107c02.pdf>

Chapter 2, “The Certification Process,” includes the following sections which provide information regarding the survey and certification of OPTs/ORFs/OSPs:

- 2290: OPT/OSP – Citations;
- 2292: Types of OPT/OSP Providers;
- 2292A: Rehabilitation Agency;
- 2292B: Clinics and Public Health Agencies;
- 2292C: Public Health Agency;
- 2294: Exceptions to CoPs;
- 2296: SA Verification of Services Provided;
- 2298: Site of Service Provision;
- 2298A: OPT/OSP Services Provided at More Than One Location;
- 2298B: OPT/OSP Services at Locations Other than Extension Locations;
- 2300: SA Annual Report to RO on Locations of Extensions Locations;
- 2302: Survey of OPT/OSP Extension Locations;
- 2306: OPT/OSP Provider Relinquishes Primary Site to CORF, and
- 2779L: Outpatient Physical Therapy (OPT) Extension CMS Certification Numbers.

IOM – “State Operations Manual,” Pub. 100-07, Appendix E

http://cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_e_opt.pdf

Appendix E, “Guidance to Surveyors: Outpatient Physical Therapy or Speech Pathology Services,” includes State survey information for OPTs/ORFs/OSPs.

Web Page – Certification & Compliance - Outpatient Rehabilitation Providers

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/OutpatientRehab.html>

This web page provides basic information about being certified as a Medicare OPT/ORF/OSP provider and includes links to Chapter 2 of the "State Operations Manual," Survey and Certification General Enforcement Information, and relevant sections of the Code of Federal Regulations (CFR) and Social Security Act.

Web Page – Conditions for Coverage (CfCs) & Conditions of Participation (CoPs) - Clinics, Rehab Agencies, & Public Health Agencies as Providers of Outpatient PT and speech Language

<http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/ProvidersofOutpatientServices.html>

This web page provides links to important resources regarding CfCs and CoPs for OPTs/ORFs/OSPs.

Web Page – Survey & Certification - Guidance to Laws & Regulations – Outpatient Rehabilitation

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/OutpatientRehab.html>

This web page explains that survey protocols and Interpretive Guidelines are established to provide guidance to personnel conducting surveys. They serve to clarify and/or explain the intent of the regulations, and all surveyors are required to use them in assessing compliance with Federal requirements. The purpose of the protocols and guidelines is to direct the surveyor's attention to certain avenues for investigation in preparation for the survey, in conducting the survey, and in evaluation of survey findings. This web page provides a link to Appendix E of the "State Operations Manual" and to the Survey & Certification - Enforcement web page.

**Form – Request for Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services
Form CMS-1856**

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1856.pdf>

Submission of this form will initiate the process of obtaining a decision as to whether the conditions of participation are met.